

RECEIVED JUN 14 2021

UNITED STATES DISTRICT COURT

for the

Northern District of Iowa

NORthern

~~SOUTHERN~~ Division

MYSTERYBOY INCORPORATION,

REV: EDDIE C. RISDAL, et al.,

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-v-

CORY TURNER,

THOMAS HENGEVELD,

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses here.)

Case No.

21-cv-4022-LTS-KEM

(to be filled in by the Clerk's Office)

COMPLAINT FOR VIOLATION OF CIVIL RIGHTS

(Prisoner Complaint)

NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in forma pauperis.

I. The Parties to This Complaint**A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name	MYSTERYBOYYINCORPORATI)N,REV: EDDIE C. RISDAL,		
All other names by which you have been known:			
ID Number	MBI, TRENEE,		
Current Institution	802094		
Address	ccuso		
	1251 W. CEDAR LOOP, STE 6, CHEROKEE, IA 51012		
	City	State	Zip Code

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. Make sure that the defendant(s) listed below are identical to those contained in the above caption. For an individual defendant, include the person's job or title (*if known*) and check whether you are bringing this complaint against them in their individual capacity or official capacity, or both. Attach additional pages if needed.

Defendant No. 1

Name	cory turner, superintendent,		
Job or Title (<i>if known</i>)	SUPERINTENDENT		
Shield Number			
Employer	STATE OF IOWA		
Address	1251 west cedar loop, ste 6, CHEROKEE, IA 51012		
	City	State	Zip Code
<input checked="" type="checkbox"/> Individual capacity <input checked="" type="checkbox"/> Official capacity			

Defendant No. 2

Name	THOMAS HENGEVELD,		
Job or Title (<i>if known</i>)	THERPIST		
Shield Number			
Employer	STATE OF IOWA, & CCUSO		
Address	1251 WEST CEDAR LOOP .STE 6,Cherokee, Iowa 51012		
	City	State	Zip Code
<input checked="" type="checkbox"/> Individual capacity <input checked="" type="checkbox"/> Official capacity			

Defendant No. 3

Name _____

Job or Title (if known) _____

Shield Number _____

Employer _____

Address _____

City _____

State _____

Zip Code _____

☐ Individual capacity☐ Official capacity

Defendant No. 4

Name _____

Job or Title (if known) _____

Shield Number _____

Employer _____

Address _____

City _____

State _____

Zip Code _____

☐ Individual capacity☐ Official capacity**II. Basis for Jurisdiction**

Under 42 U.S.C. § 1983, you may sue state or local officials for the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” Under *Bivens v. Six Unknown Named Agents of Federal Bureau of Narcotics*, 403 U.S. 388 (1971), you may sue federal officials for the violation of certain constitutional rights.

A. Are you bringing suit against (check all that apply):

☐ Federal officials (a *Bivens* claim)

☒ State or local officials (a § 1983 claim)

B. Section 1983 allows claims alleging the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” 42 U.S.C. § 1983. If you are suing under section 1983, what federal constitutional or statutory right(s) do you claim is/are being violated by state or local officials?

FIRST AMENDMENT & DUE PROCESS & EQUAL PROTECTION OF THE LAWS.

C. Plaintiffs suing under *Bivens* may only recover for the violation of certain constitutional rights. If you are suing under *Bivens*, what constitutional right(s) do you claim is/are being violated by federal officials?

C. What date and approximate time did the events giving rise to your claim(s) occur?

YEARS 2005 through YEAR 2021.

D. What are the facts underlying your claim(s)? *(For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?)*

DEFENDANTS DENIED ME MY FIRST AMENDMENT RIGHTS AND MY DUE PROCESS & EQUAL PROTECTION OF THE LAWS RIGHTS..I AM BEING WAREHOUSED AND BEING PHYSICALLY HARMED.

V. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

I SUFFERED MENTAL HARM AND I AM NOT BEING TREATED FOR IT. I HAVE BEEN PHYSICALLY HARMED AND I AM NOT BEING TREATED FOR IT.

VI. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

COMPLAINT NO: 2. I SEEK SPECIAL DAMAGES OF \$10,000.00 & PUNITIVE DAMAGES OF \$ 50,000.00 and ORDER DEFENDANTS TO ALLOW MBI TO OPPERATE AT CCUSO.

NO:2.
COMPLAINT NO:1, PLAINTIFF SEEKS \$5,000.00 special damages & \$ 10,000.00 PUNITIVE DAMAGES AND ORDER DEFENDANTS TO INVENT A PROGRAM FOR ME OR TO DISCHARGE ME WITHOUT SUPERVSIION FROM CCUSO OR TO PUT ME IN THE TRANSSMISSION PROGRAM.
NO: 3. ORDER DEFFENDANTS TO ALLOW PORNOGRAPHY AT CCUSO LIKE THE CALIFORNIA CCUSO DOES.AND ORDER DEFENDANT TURNER TO EMPLOY A LICENSED THERIPIST, WHO RECONIZES THE RIGHTS OF SPECIAL NEEDS PATIENTS. ORDER DEFENDANTS TO GIVE RISDAL A HEARING IN THE STATE DISTRICT COURT OR HAVE THEM DISCONTINUE THE SHOTS.. I HAVE SUFFEREDD PHYSICAL AND MENTAL HARM AND I ASK \$25,000.00 special damages and \$50,000.00 punitive damages.

- D. Section 1983 allows defendants to be found liable only when they have acted "under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia." 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under *Bivens*, explain how each defendant acted under color of federal law. Attach additional pages if needed.

CIVIL COMMITMENT LAW.

III. Prisoner Status

Indicate whether you are a prisoner or other confined person as follows (*check all that apply*):

- ☐ Pretrial detainee
- ☒ Civilly committed detainee
- ☐ Immigration detainee
- ☒ Convicted and sentenced state prisoner
- ☐ Convicted and sentenced federal prisoner
- ☐ Other (*explain*) _____

IV. Statement of Claim

State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

- A. If the events giving rise to your claim arose outside an institution, describe where and when they arose.
-

- B. If the events giving rise to your claim arose in an institution, describe where and when they arose.

NO: 1: YEARS 2005 THROUGH 2021 CCUSO HAS NO PROGRAM FOR PLAINTIFF RISDAL WHO HOLDS HIS INNOCENTS TO THE TWO SEX ABUSE CRIMES HE WAS CONVICTED OF, RISDAL IS BEING WAREHOUSED UNTIL HE EITHER COMMITTES SUICIDE OR DIES OF OLD AGE AT CCUSO. NO:2; defendats prohibit MBI FROM OPPERATING AT CCUSO MBI IS A RELIGEIOUS INC., NO:3, defendants prohibit adult pornography AT CCUSO. DEFENDANT TURNER, EMPLOYED DEFENDANT HENGEVELD AND LABELED HIM TO BE A THERIPIST WITHOUT HAVING EXPERIENCE OR A COLLEGE DEGREE TO BE A THERIPIST. DEFENDANTS DONOT RECONIZE SPECIAL NEEDS PATIENTS RIGHTS TO GO THROUGH THEIR PROGRAM & THEY ONLY ALLOW THE HIGHER TO "ed PATIENTS RIGHT TO GRADUATE THE PROGRAM. DEFENDANTS DENIED RISDAL HIS DUE PROCESS & EQUAL PROTECTION OF THE LAWS IN THE DISTRICT COURT BY FFORCING CIVILLY INJECTION SHOTS MONTHLY OF BUG JUICE.

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VII. Exhaustion of Administrative Remedies Administrative Procedures

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted."

Administrative remedies are also known as grievance procedures. Your case may be dismissed if you have not exhausted your administrative remedies.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

☒ Yes

☐ No

If yes, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

CCUSO CIVIL COMMITMENT PRISON AT CHEROKEE, IOWA

B. Does the jail, prison, or other correctional facility where your claim(s) arose have a grievance procedure?

☒ Yes

☐ No

☐ Do not know

C. Does the grievance procedure at the jail, prison, or other correctional facility where your claim(s) arose cover some or all of your claims?

☒ Yes

☐ No

☐ Do not know

If yes, which claim(s)?

ALL THREE CLAIMS.

- D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose concerning the facts relating to this complaint?

☒ Yes

☐ No

If no, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

☐ Yes

☐ No

- E. If you did file a grievance:

1. Where did you file the grievance?

AT CCUSO.

2. What did you claim in your grievance?

THAT DEFENDANTS ARE VIOLATING MY CONSTITUTIONSLL SMENDMENT RIGHTS.

3. What was the result, if any?

NEGETATIVE.

4. What steps, if any, did you take to appeal that decision? Is the grievance process completed? If not, explain why not. *(Describe all efforts to appeal to the highest level of the grievance process.)*

HTEERE IS NNO HIGHER PLACE TO APPEAL THE GRIEVANCE TOO.

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here:

2. If you did not file a grievance but you did inform officials of your claim, state who you informed, when and how, and their response, if any:

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

(Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.)

VIII. Previous Lawsuits

The “three strikes rule” bars a prisoner from bringing a civil action or an appeal in federal court without paying the filing fee if that prisoner has “on three or more prior occasions, while incarcerated or detained in any facility, brought an action or appeal in a court of the United States that was dismissed on the grounds that it is frivolous, malicious, or fails to state a claim upon which relief may be granted, unless the prisoner is under imminent danger of serious physical injury.” 28 U.S.C. § 1915(g).

To the best of your knowledge, have you had a case dismissed based on this “three strikes rule”?

☐ Yes

☒ No

If yes, state which court dismissed your case, when this occurred, and attach a copy of the order if possible.

- A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

☐ Yes

☒ No

- B. If your answer to A is yes, describe each lawsuit by answering questions 1 through 7 below. *(If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)*

1. Parties to the previous lawsuit

Plaintiff(s) _____

Defendant(s) _____

2. Court *(if federal court, name the district; if state court, name the county and State)*

3. Docket or index number

4. Name of Judge assigned to your case

5. Approximate date of filing lawsuit

6. Is the case still pending?

☐ Yes

☐ No

If no, give the approximate date of disposition. _____

7. What was the result of the case? *(For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)*

- C. Have you filed other lawsuits in state or federal court otherwise relating to the conditions of your imprisonment?

☐ Yes

☒ No

D. If your answer to C is yes, describe each lawsuit by answering questions 1 through 7 below. *(If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)*

1. Parties to the previous lawsuit

Plaintiff(s) _____

Defendant(s) _____

2. Court *(if federal court, name the district; if state court, name the county and State)*

3. Docket or index number

4. Name of Judge assigned to your case

5. Approximate date of filing lawsuit

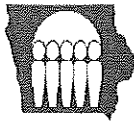
6. Is the case still pending?

☐ Yes

☐ No

If no, give the approximate date of disposition _____

7. What was the result of the case? *(For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)*



Iowa Department of Human Services (DHS)
Civil Commitment Unit for Sexual Offenders (CCUSO)
 Patient Grievance

RECEIVED MAY 25 2021

Patient Name: EDDIE RISDAL Date & Time of Incident: YEAR 2021

Unit: s8 Date & Time of Sanction(s): N/A

Description of Patient/Unit Issue, Sanction, and/or a Potential Patient Rights Violation (Attach Additional Documents If Necessary):

SUPERINTENDANT CORY TURNER & TOMAS HENGEVELD CONTINU TO PROHIBIT MYSTERYBOY INCORPORATION (MBI) FROM OPERATING AT CCUSO. MBI IS A SCIENTIFIC, EDUCATIONAL, & RELIGIOUS ORGANIZATION THAT ADVOCATES LAW REFORM OF HARMFUL LAWS. FROM YEARS 2005 THROUGH 2007, former ccuso superintendent JASON SMITH ALLOWED MBI TO OPERATE AT CCUSO WITH NO PROBLEMS. MBI IS THERIPUTIC TO ME AND OTHER PATIENTS AT CCUSO, AND IT SHOULD BE ALLOWED TO OPPERATE AT CCUSO.

Has This Issue Been Processed with a Therapist or Treatment Program Supervisor (TPS)? ☒ Yes ☐ No

Date of Processing: MAY 27 2021 Name of Therapist or TPS: Tomas HEGEVELD

Action Requested by Patient: LET MBI OPPPERATE AT CCUSO

Patient Signature: Eddie Risdal Date & Time: MAY 24, 2021

Therapist or TPS Signature: [Signature] Date & Time: 05/27/21

Continuance Requested? ☐ Yes ☐ No Continuance Granted? ☐ Yes ☐ No

Therapist or TPS Signature: _____ Date & Time: _____

NOTE: A patient has five (5) regular business days to submit a Patient Grievance after identifying a patient or unit issue, upon receiving written notice of a sanction associated with a violation of rules or expectations, or upon becoming aware of a potential violation of their patient rights, otherwise a grievance on the issue will not be accepted. A continuance may be granted, provided this is approved and documented by the therapist or TPS prior to the expiration of the established deadline.

Treatment Team Response: No Resolution thru group discussion

Treatment Team Representative Signature: [Signature] Date & Time: 5-27-21

Continuance Requested? ☐ Yes ☐ No Continuance Granted? ☐ Yes ☐ No

CCUSO Deputy Superintendent/Clinical Director/Designee Signature: _____ Date & Time: _____

NOTE: This step will be completed within five (5) regular business days from the point the patient completes a Patient Grievance. A continuance may be granted, provided this is approved by the CCUSO Deputy Superintendent, CCUSO Clinical Director, or designee, and documented prior to the expiration of the established deadline.

Appeal

Decisions may be appealed to the CMHI/CCUSO Superintendent or designee via the completion of a Patient Appeal that summarizes the basis for the appeal within five (5) regular business days of the Treatment Team's decision. The Patient Appeal will be answered in writing by the CMHI/CCUSO Superintendent or designee within five (5) regular business days of the receipt of the appeal unless the need for a continuance is documented prior to the expiration of the established deadline.



Iowa Department of Human Services (DHS)
Civil Commitment Unit for Sexual Offenders (CCUSO)
 Patient Grievance

RECEIVED MAY 25 4U21

Patient Name: eddie risdal Date & Time of Incident: year 2021

Unit: s8 Date & Time of Sanction(s): N/A

Description of Patient/Unit Issue, Sanction, and/or a Potential Patient Rights Violation (Attach Additional Documents If Necessary):

TO ALLOW IN ADULT PORNOGRAPHY DVD's, BOOKS AND MAGIZINES AT CCUSO, BECAUSE THEY ARE ARTISTIC, EDUCATIONAL, AND THERIPUTIC TO ME AND THE CCUSO PATIENTS IN A MAJORITY, AND THEY STOP ANND DETER PATIENTS FROM REOFFENTING ONCE THEIR RELEASED FROM CCUSO, AND THE CCUSO THERIPISTS COULD USE THE PORNOGRAPHY IN THEIR PROGRAM TO REFORM THE PATIENTS INTO STOP REOFFENDING. THE CALIFORNIA CCUSO ALLOWS ITS PATIENTS TO HAVE ADULT PORNOGRAPHY DVD's, BOOKS, AND MAGIZINES AND THEY HAVE NO PROBLEMS. THE FIRST CONSTITUTIONAL AMENDMENT ALLOWS INNMATs TO HAVE PORNOGRAPHY. IOWA PRISONS ALLOW INNMATs TO HAVE PORNOGRAPHY

Has This Issue Been Processed with a Therapist or Treatment Program Supervisor (TPS)? ☒ Yes ☐ No

Date of Processing: 05/27/2021 Name of Therapist or TPS: THOMAS HEGEVELD

Action Requested by Patient: TO ALLOW IN ADULT PORNOGRAPHY BOOKS, MAGIZINES AND DVD'S at CCUSO.

Patient Signature: Eddie Risdal Date & Time: MAY 24, 2021

Therapist or TPS Signature: [Signature] Date & Time: may 27 2021

Continuance Requested? ☐ Yes ☐ No Continuance Granted? ☐ Yes ☐ No

Therapist or TPS Signature: _____ Date & Time: _____

NOTE: A patient has five (5) regular business days to submit a Patient Grievance after identifying a patient or unit issue, upon receiving written notice of a sanction associated with a violation of rules or expectations, or upon becoming aware of a potential violation of their patient rights, otherwise a grievance on the issue will not be accepted. A continuance may be granted, provided this is approved and documented by the therapist or TPS prior to the expiration of the established deadline.

Treatment Team Response: No Resolution thru group discussion.

Treatment Team Representative Signature: [Signature] Date & Time: 5-27-21

Continuance Requested? ☐ Yes ☐ No Continuance Granted? ☐ Yes ☐ No

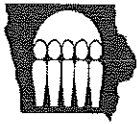
CCUSO Deputy Superintendent/Clinical Director/Designee Signature: _____ Date & Time: _____

NOTE: This step will be completed within five (5) regular business days from the point the patient completes a Patient Grievance. A continuance may be granted, provided this is approved by the CCUSO Deputy Superintendent, CCUSO Clinical Director, or designee, and documented prior to the expiration of the established deadline.

Appeal

Decisions may be appealed to the CMH/CCUSO Superintendent or designee via the completion of a Patient Appeal that summarizes the basis for the appeal within five (5) regular business days of the Treatment Team's decision. The Patient Appeal will be answered in writing by the CMH/CCUSO Superintendent or designee within five (5) regular business days of the receipt of the appeal unless the need for a continuance is documented prior to the expiration of the established deadline.

RECEIVED APR 26 2021



Iowa Department of Human Services (DHS)
Civil Commitment Unit for Sexual Offenders (CCUSO)
Patient Grievance

Patient Name: Eddie Risdal Date & Time of Incident: 04/01/2021

Unit: S8 Date & Time of Sanction(s): _____

Description of Patient/Unit Issue, Sanction, and/or a Potential Patient Rights Violation (Attach Additional Documents If Necessary):

SUPERINTENDENT CORY TURNER AND THERAPIST TOM H., HAVE NO PROGRAM FOR RISDAL WHO HOLDS HIS INNOCENT TO HIS TWO SEX ABUSE CRIMES. RISDAL TOLD TOM THAT HE WOULD LIE AND SAY HE DID HAVE SEX WITH THE TWO VICTIMS JUST SO HE COULD GO THROUGH THE PRESENT PROGRAM, BUT TOM TOLD RISDAL HE COULDN'T GO THROUGH THAT PROGRAM.

Has This Issue Been Processed with a Therapist or Treatment Program Supervisor (TPS)? ☐ Yes ☒ No

Date of Processing: 04/24/2021 Name of Therapist or TPS: Tom H.

Action Requested by Patient: MAKE A NEW PROGRAM FOR RISDAL OR DISCHARGE RISDAL FROM CCUSO WITHOUT SUPERVISION OR ALLOW RISDAL TO GO THROUGH THE PRESENT PROGRAM AND MOVE RISDAL THROUGH THE PHASES AND PUT HIM IN THE TRANSMISSION PROGRAM.

Patient Signature: Eddie Risdal Date & Time: 04/24/2021 6:00 evening

Therapist or TPS Signature: _____ Date & Time: _____

Continuance Requested? ☐ Yes ☐ No Continuance Granted? ☐ Yes ☐ No

Therapist or TPS Signature: _____ Date & Time: _____

NOTE: A patient has five (5) regular business days to submit a Patient Grievance after identifying a patient or unit issue, upon receiving written notice of a sanction associated with a violation of rules or expectations, or upon becoming aware of a potential violation of their patient rights, otherwise a grievance on the issue will not be accepted. A continuance may be granted, provided this is approved and documented by the therapist or TPS prior to the expiration of the established deadline.

Treatment Team Response: CCUSO provides individualized treatment for all patients. Please continue to work with your primary therapist to maximize the benefits of your treatment and progress through the program.

Treatment Team Representative Signature: _____ Date & Time: 4-26-21

Continuance Requested? ☐ Yes ☐ No Continuance Granted? ☐ Yes ☐ No

CCUSO Deputy Superintendent/Clinical Director/Designee Signature: _____ Date & Time: _____

NOTE: This step will be completed within five (5) regular business days from the point the patient completes a Patient Grievance. A continuance may be granted, provided this is approved by the CCUSO Deputy Superintendent, CCUSO Clinical Director, or designee, and documented prior to the expiration of the established deadline.

Appeal

Decisions may be appealed to the CMHI/CCUSO Superintendent or designee via the completion of a Patient Appeal that summarizes the basis for the appeal within five (5) regular business days of the Treatment Team's decision. The Patient Appeal will be answered in writing by the CMHI/CCUSO Superintendent or designee within five (5) regular business days of the receipt of the appeal unless the need for a continuance is documented prior to the expiration of the established deadline.



Iowa Department of Human Services (DHS)
Civil Commitment Unit for Sexual Offenders (CCUSO)
 Patient Grievance

RECEIVED MAY 25 2021

Patient Name: EDDIE RISDAL Date & Time of Incident: YEAR 2021

Unit: S8 Date & Time of Sanction(s): N/A

Description of Patient/Unit Issue, Sanction, and/or a Potential Patient Rights Violation (Attach Additional Documents If Necessary):

IN YEAR 2007 EDDIE RISDAL WAS DENIED HIS RIGHT TO ATTEND A CHEROKEE COUNTY IOWA DISTRICT COURT HEARING AND HE WAS DENIED APPOINTMENT OF ATTORNEY DURING THAT HEARING TO CIVILLY FORCE INJECTED SHOTS CONTAINING BUG JUICE ONCE A MONTH, AND IN YEAR 2021 CCUSO SUPERINTENDENT CORY TURNER AND THERAPIST THOMAS HENGVELD STILL DENY RISDAL A NEW COURT HEARING KNOWING THAT THE SHOTS HAVE AND STILL PHYSICALLY AND MENTALLY HARM RISDAL.

Has This Issue Been Processed with a Therapist or Treatment Program Supervisor (TPS)? ☒ Yes ☐ No

Date of Processing: _____ Name of Therapist or TPS: THOMAS HENGVELD

Action Requested by Patient: TO EITHER STOP THE SHOTS OR TO GIVE RISDAL A NEW CHEROKEE COUNTY IOWA DISTRICT COURT HEARING.

Patient Signature: Eddie Risdal Date & Time: MAY 24, 2021

Therapist or TPS Signature: _____ Date & Time: _____

Continuance Requested? ☐ Yes ☐ No Continuance Granted? ☐ Yes ☐ No

Therapist or TPS Signature: _____ Date & Time: _____

NOTE: A patient has five (5) regular business days to submit a Patient Grievance after identifying a patient or unit issue, upon receiving written notice of a sanction associated with a violation of rules or expectations, or upon becoming aware of a potential violation of their patient rights, otherwise a grievance on the issue will not be accepted. A continuance may be granted, provided this is approved and documented by the therapist or TPS prior to the expiration of the established deadline.

Treatment Team Response: Eddie - Health Services has a court order for your injection so we are obligated to give it. If you want to pursue legal action about the injection, that is your right, but you must follow appropriate legal course to do so.

Treatment Team Representative Signature: [Signature] Date & Time: 5/25/21 08:42

Continuance Requested? ☐ Yes ☐ No Continuance Granted? ☐ Yes ☐ No

CCUSO Deputy Superintendent/Clinical Director/Designee Signature: _____ Date & Time: _____

NOTE: This step will be completed within five (5) regular business days from the point the patient completes a Patient Grievance. A continuance may be granted, provided this is approved by the CCUSO Deputy Superintendent, CCUSO Clinical Director, or designee, and documented prior to the expiration of the established deadline.

Appeal
 Decisions may be appealed to the CMHI/CCUSO Superintendent or designee via the completion of a Patient Appeal that summarizes the basis for the appeal within five (5) regular business days of the Treatment Team's decision. The Patient Appeal will be answered in writing by the CMHI/CCUSO Superintendent or designee within five (5) regular business days of the receipt of the appeal unless the need for a continuance is documented prior to the expiration of the established deadline.

LEGAL DIVISION

1600 9th Street, Suite 433

Sacramento, California 95814

www.dsh.ca.gov



October 25, 2019

Sent by U.S. mail

Eddie C. Risdal

1251 West Cedar Loop, Suite 6

Cherokee, IA 51012

*Risdal's
Eddie
No. one*

RE: Public Records Act Request Number R190257

Dear Mr. Risdal:

The Department of State Hospitals received your Public Records Act (PRA) request for:

- 1. I'm doing research on the Iowa CCUSO and I need to know if your CCUSO allows its patients to have pornography in their rooms? Iowa's CCUSO has a lot of fights and I feel if the CCUSO would allow them to have pornography it would prevent fighting, Iowa inmates in the states prisons are allowed to order and have pornography.*

RESPONSE: Yes, DSH-C patients are allowed to have pornography, however, item 39 on the DSH Statewide Property List prohibits "Portrayals of nudity of a minor, or person who appears to be under 18 years old and/or portrayals of sexual conduct where any of the participants is a minor, or appears to be under 18 years old, as determined by Administrative review.

Sincerely,

Records Coordination Unit

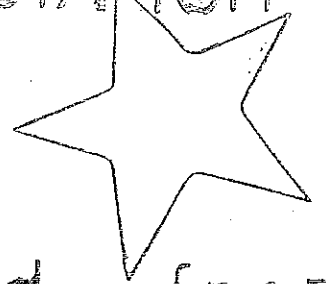
For CHRISTINE M. CICCOTTI
Deputy Director/Chief Counsel

"Caring Today for a Safe and Healthy Tomorrow"

Rev. (11/2018)

MYSTERYBOY Incorporation

is
inspired from



GOD; MOTHER -
- NATURE AND
GOVERNMENT IN
its

HUMANITARIAN

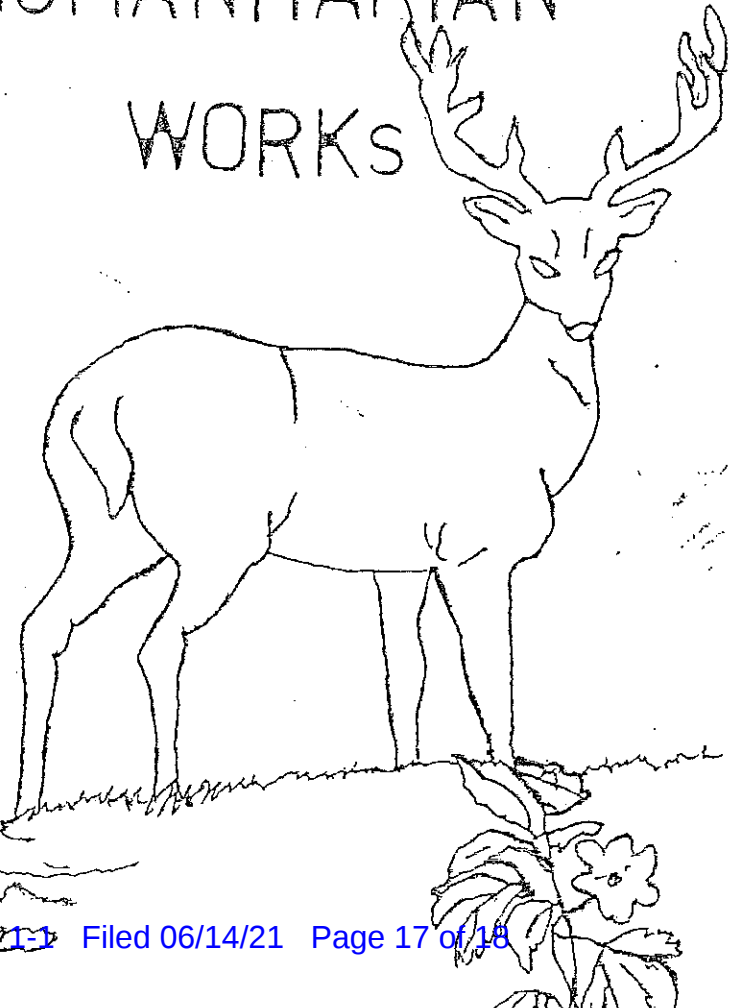
WORKS

GENESIS 47;20

27 "NOW IF I HAVE FOUND FAVOR IN YOUR SIGHT,
PLEASE PUT YOUR HAND UNDER MY THIGH, AND DEAL
KINDLY AND TRULY WITH ME.

10 THEN JOSEPH BROUGHT THEM NEAR HIM, AND HE
KISSED THEM AND EMBRACED THEM.

((MYSTERYBOY SAYS THERE'S A LOT OF GAY AND BISEXUAL
ACTS IN THE HOLY BIBLE.))





Mr Eddie C Risdal
1251 W Cedar Loop Ste 6
Cherokee IA 51012-1512



671a

LEGAL MAIL

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF IOWA
111 7th SE., BOX 12
CEDAR RAPIDS, IOWA 52401

XRAYED US MARSHALS SERVICE